

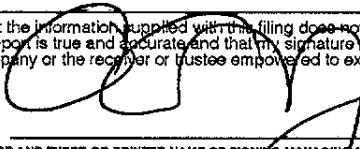


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001111 1. Entity Name MEGA PARTNERS DEVELOPMENT, LLC			
Principal Place of Business 425 N ANDREWS AVENUE #1 FT. LAUDERDALE, FL 33301		Mailing Address 425 N ANDREWS AVENUE #1 FT. LAUDERDALE, FL 33301	
DO NOT WRITE IN THIS SPACE			
		01112005 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 43-1992498	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELKIN, STEVEN C ESQ FRANK, WEINBER & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		 DO NOT WRITE IN THIS SPACE 000000184245 01/20/05-80022-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOPER, ALAN C 425 N. ANDREWS AVE. #401 FORT LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUM, KELLY 1900 SE 15 ST. FORT LAUDERDALE, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date <u>1-12-05</u> Daytime Phone # <u>954-761-8439</u>	